PATENT APPLICATION FEE DETERMINATION RECO									Application or Docket Number						
	PATENT	CATIO Effectiv	09/65/619												
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY				OTHER THAN		
FOR			NUMBER FILED			NUMBER EXTRA			ATE	FEE		RATE	FEE		
BASIC FEE								1450	1.2	345.00	OR		690.00		
TOTAL CLAIMS			21	minus 20=			-	X\$ 9=			OR	X\$18=	18-		
INDEPENDENT CLAIMS			3 minus 3 =						39=		OR	X78=	1		
MULTIPLE DEPENDENT CLAIM PRESENT							30=		OR	+260=	1				
* If the difference in column 1 is less than zero, enter "0" in column 2							TC	TAL		OR	TOTAL	108-			
l	CLAIMS AS AMENDED - PART II									^	•	OTHER	THAN		
L	(Column 1) (Column 2) (Column 3)						SA	IALL	ENTLTY	OR	SMALL				
AMENDMENT A		REM/ AF	AIMS AINING TER DMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	-2	/	Minus	••	21	=	X	9=		OR	X\$18=			
A	Independent FIRST PRESE	NTATIO	N OF MI	Minus	PEND		-	X	39=		OR	X78=			
						CITI OLDAIN		+1	30=		OR	+260=			
	* •			•					OTAL		OR	TOTAL ADDIT, FEE			
		(Cotu	mn 1)	<u> </u>	_ (C	olumn 2)	(Column 3)			-					
AMENDMENT B			uning Vining			HIGHEST NUMBER	PRESENT			ADDI-			ADDI-		
		AFTER AMENDMENT				PREVIOUSLY PAID FOR	EXTRA	RATE	NTE.	TIONAL FEE		RATE	TIONAL FEE		
	Total	26)	Minus	••	2/	- (X	9=	-	OR	X\$18a	5D -		
	Independent	NTATIO	Minus ON OF MULTIPLE DEP		PEND	ENT CLAIM	= (X39=			OR	X78=	200 -		
-	·	311A11V	· ·	LIIFLE VEI	ENU	ENTI CLAIM		+1	30=		OR	+260=			
						•	• •		OTAL		OR	TOTAL	250.		
-		(Colu	mn 1)		(C	olumn 2)	(Column 3)	ADDIT	. rtEl	,		ADDIT. FEE	11.		
2.		CLA REMA	ims Uning			WGHEST WARER	PRESENT			ADDI-	1		ADDI-		
AMENDMENT			TER DMENT			EVIOUSLY AID FOR	EXTRA		TE	TIONAL FEE		RATE	TIONAL FEE		
2	Total	•	•	Minus	*		•	X\$	9 = .		OR	X\$18=			
AMI	Independent	ATATIO	N OE M	Minus	e	CNT CLAIR	-	ХЗ	9=		OR	X78=			
H	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											.260			
٠,	I the entry in colu	e entry in colu	+13			OR	+260=								
"If the entry in column 1 is less than the entry in column 2, write "to" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE															
•	The "Highest Num	ber Previ	ously Pal	For (Total or	Indep	endent) is the	highest number	tound in	the app	ropriate box	in coli	umn 1.			
FORM PTO-875 Petent and Trademark Office, U.S. DEPARTMENT OF COMMERC (Raw, 12/36)												COMMERCE			